

CONSUMER SERVICES DIVISION
300 SOUTH SPRING STREET, SOUTH TOWER
LOS ANGELES, CA 90013

REQUEST FOR ASSISTANCE

Name

Address

City Zip

Work Phone: () _____
Home Phone: () _____

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Before you file a complaint with the Department of Insurance, you should first contact the insurance company, agent or broker in an effort to resolve the issue(s). If you do not receive a satisfactory response, then complete this form, attach copies of any important papers that relate to your complaint and mail to address shown above.

Please be aware that a copy of this Request for Assistance may be provided to the insurance company, agent or broker unless you indicate that you do not want a copy of your correspondence forwarded by checking the box:

☐ Please do not forward my request.

1. Complete name of insurance company involved:

2. Type of Insurance: Auto ☐ Life ☐ Home ☐ Health ☐ Other ☐ _____
3. (a) Name of the policyholder if different from your name:

(b) If a group policy, provide the group name:

4. Policy identification or certificate number:

5. Claim number (if applicable) _____
6. Date loss occurred or began (if applicable) _____
7. Agent/broker (if applicable) _____ Agent/broker License number _____
Street address _____ City/State _____ / _____ Zip _____
8. Have you contacted the company, agent or broker? Yes ☐ No ☐

If yes, state the date(s) and person(s) contacted _____
(Provide copies of all correspondence)

(COMPLETE REVERSE SIDE)

9. Have you reported this to any other governmental agency? Yes _____ No _____
If yes, please give:

(1) Name of agency: _____

(2) File number, if known: _____

10. Have you previously written to the Department of Insurance about this matter?
Yes ☐ No ☐ File number (if available) _____ Date _____

11. Is there attorney representation in this matter? Yes ☐ No ☐ If yes, if you have an attorney representing you in this matter, do not complete this Request for Assistance. Once the matter is concluded, we would welcome any information regarding violations of law by the insurer that you or your attorney are willing to provide.

12. Is a lawsuit currently ongoing or pending? Yes ☐ No ☐ If yes, if there is a lawsuit currently ongoing or pending, do not complete this Request for Assistance. Once the matter is concluded, we would welcome any information regarding violations of law by the insurer that you or your attorney are willing to provide.

13. Briefly, describe your problem (use additional paper if needed):

14. What do you consider to be a fair resolution to your problem?

(Signature)

(Date)